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MEDICAL DEPARTMENT OF TRANSYLVANIA UNIVERSITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Believing, as I do, that Medical Journals are the instruments to be used in every possible manner that will tend to the advancement of the profession; and feeling sure that you will coincide in the opinion, that every medical professor exerts an influence in the formation of the characters of individual practitioners, I cannot doubt that you will receive such comments upon the ability, medical information, or mode of reasoning of any teacher, as may be made in a spirit of philanthropic investigation.

There are in almost every State, one or more medical schools, demanding the consideration of those preceptors who have to determine where their pupils shall go, to be further informed, before they offer themselves as candidates for the confidence of the diseased. Now, are the advantages offered by these schools, so nearly equipoised, as to render nugatory an attempt to establish a standard by which their several claims may be correctly valued? Or does the mere facility of location, or venerableness of age, give to one the precedence which, other circumstances being duly appreciated, would accrue to another? In short, what constitutes a good medical school? The writer would answer, that is a good medical school in which the chairs are all filled by men who are well acquainted with the many changes which medicine has undergone since the earliest ages—who appreciate its uncertainties as an art, as well as its established principles as a science—who enforce the importance of *correct observation, sound judgment, good discrimination,* and *logical reasoning*, and who do not assert with dogmatical precision, positions which are not fully and positively tenable—nor defend as apodictically established, principles which are apochryphal in their nature. If this opinion is correct, it is evidently as binding a duty upon members of the profession, to discuss the merits of any professor, with whom they become acquainted in the lecture hall, or through his published papers, as the duty is binding upon them to record cases illustrating therapeutical points, or developing facts which sustain previously propounded principles. And when it becomes acknowledged as a duty, and fully discharged, physicians will be so perfectly acquainted with the characters of those who aspire to the honorable and profitable position of public teachers of medicine, as will cause an announcement that "*one* has been chosen from *forty-nine* medical professors, and other distinguished medical gentlemen,"

who were applicants to fill a vacant chair in a medical school—to bear with it a weight, which is not now attached to it; and private preceptors, when informed that "in addition to the delivery of three full courses of lectures on *obstetrics and the diseases of women and children*, the professor elect has filled the chairs of *Materia Medica, Therapeutics and Hygiene, Anatomy and Physiology, &c.*," will be enabled to judge whether he was fully qualified to discharge the multifarious duties which are incumbent upon the occupant of the several chairs. Trusting that these views will find sympathy with the members of the profession, the writer presents this paper with the hope that it will tend to induce a more earnest inquiry into the character of medical schools, so that those, and those only, which are worthy shall be sustained.

In a bulletin, issued from the office of a Lexington print, it is announced that the umpires have designated Samuel Annan, M.D., of Baltimore, as the individual who shall perform the duties pertaining to the Professor of Obstetrics in the Medical Department of Transylvania University. In this bulletin, it is said that "As a writer Prof. Annan is known almost as widely as the leading periodical of the profession, viz., the American Journal of the Medical Sciences. Its volumes contain eight or ten of his papers, &c." It is from the perusal of a portion of these papers, that the writer has formed the opinion of Dr. Annan, which is now respectfully presented to the readers of your Journal. The papers which I have examined with particular care, inasmuch as they are of a practical character, and at the same time give sufficient data upon which to base views of the author's mode of reasoning and investigating, are hospital reports—to be found in Vols. XXIII. and XXIV., and Vol. II., New Series, of the American Journal. These papers demonstrate clearly that their author has a great regard for pathological anatomy; and they are not alone a record of the writer's observations in that branch of his profession—but they show his acquaintance with the writings of the most distinguished pathological investigators. Yet his knowledge of the actual state of tissues and organs after death, is not sufficient justification for his asserting, with a peremptoriness which is not apposite to a correct employment of remedial means, that "there is no therapeutical principle in practical surgery better settled than that of the great superiority of warm lotions to the eye, in a state of acute inflammation." This remark he has recorded on the 330th page of Vol. XXIII. of the American Journal, without previously or subsequently admitting any conditional circumstances; but rather, to give force to the absoluteness of his phraseology, he asserts his individual observation, of course sustaining his view of the efficacy of warm lotions, and at the same time mentions the fact that physicians have ordered cold, which prescription was disregarded by the patients, and the warm lotions used, because increased pain followed the application of the one, and the effect of the other was pleasant and refreshing. This remark, and its context, we fear presents sufficient evidence that the writer is in the habit of hastily reaching a conclusion, and then maintaining it under any and every circumstance, sometimes necessarily to his own discredit and the suffering of his patient; for it cannot for a moment be

presumed that Dr. Annan was unacquainted with the fact that cases had occurred, in which the pain was immediately allayed by the application of cold, after warm lotions had been unremittingly employed, until, despairing of relief, the patient had positively refused their further application; nor can we suppose that he was unaware that the opinion of many distinguished ophthalmotologists was favorable to the employment of cold, remedially, in acute inflammation of the eye. By way of example, Lawrence, after mentioning the different manner in which it may be applied, says, "Cold applications diminish the heat of the part, and lessen the burning sensation which is felt under acute inflammation, &c."; and it cannot be that these cases have occurred, or that so practical a man as Lawrence would give his concurrence to its use, unless circumstances sometimes were present, which rendered cold greatly superior to warm lotions. This habit of determining from a restricted consideration of all the circumstances, is not the only unfavorable shade which is cast by the remark we have quoted. As before intimated, the positive, not to use the word dogmatical, manner in which he expresses his views of a therapeutical point, gives, it is feared, an earnest of an unhappy influence, to be exerted by him in the capacity of public teacher. It is a fact, that but comparatively a few, of those who receive the honors of medical schools, prosecute the studies which appertain to their profession, with that assiduity and zeal, which is necessary to render them so well acquainted with the received principles, observed facts, and doubtful propositions, as to be able to detect the fallacies of the schools, or the imperfection of the knowledge gained from their attendance in the lecture hall; but entering upon a discharge of the duties of practitioners, fully impressed by the confident manner and unequivocal language in which the conclusions of the professors were delivered, their verity is seldom doubted; and if perchance a particular treatment proves inefficacious, the sapiency of a learned professor is sufficient justification for its employment. We do not censure a physician for having a preference for a particular therapeutical means, but for giving it an ascendancy which observation will not warrant. Now it is evident from the remark which is quoted above from Lawrence, that he has a high opinion of the value of cold applications; yet, he afterwards tells us that "in many instances of ophthalmic inflammation, patients find warm applications more agreeable than cold"; claiming preëminence neither for the one or the other, but judges that one to have power adequate to the purpose intended, which is most comfortable to the patients, and "of course complies with their feelings." Or, as Arthur Jacob, who is most friendly to the warm medication, expresses himself, "Cold or warm applications may be resorted to, according to the relief the patient experiences from the one or the other." Let us visit, in imagination, the professor whilst lecturing in the amphitheatre of Transylvania. He is teaching his pupils how to conduct themselves, with a woman, whose labor pains have been strong and active, but which from some cause have subsided; and we will suppose he uses this language, which bears about the same relation to obstetrics, as the remark—upon which we have annotated so prolixly—bears

to ophthalmotology—"There is no therapeutical principle, in practical obstetrics, better settled, than that of the great superiority of ergot to the parturient uterus, in a state of enertion." There are here no conditional circumstances, the language is unequivocal in itself; yet we may suppose that he gives it additional force by saying "that physicians have been known to employ blood-letting and tart. antimony, and yet the desired effect was not attained, until a scruple dose of ergot had been administered." The effect which would be produced, by language like this, in the practice of that portion of his class who receive the *ipse dixit*, can be more easily imagined than described; and the cases, it is believed, are in every respect apposite—for no reason can be assigned, why a physician, who would in cases of a particular nature recommend unqualifiedly one remedy, would not in cases of a different nature.

In his record of the cases of dysentery—which he treated, in the manner which custom has sanctioned, with calomel, opium, castor oil, &c., he makes a remark which is indicative of a more extended exercise of the reasoning faculties, than a large proportion of practitioners of the present day are in the habit of exerting; and it is now as necessary to enforce the lesson that "there is no one principle of more importance in medicine, than that time should be allowed to the system, to exercise its own balancing powers, for the purpose of restoring the equilibrium of action," as it was nine years ago. But the esteem which would otherwise be accredited to him, from this remark, which is believed to be the result of a correct process of reasoning, based upon legitimate observation, is detracted from, because the remark is found in the midst of a feeble attempt to give the *modus medendi* of calomel and castor oil in dysentery; and the force of his argument on this point, lies in the fact, that in inflammation, "as soon as copious secretion takes place, the violent symptoms are mitigated, and very great relief is experienced, not only from the local distress, but also of the general feeling of uneasiness which accompanies disease;" assuming as *the cause*, that, which we believe the best authorities consider as *the effect*, and as such, indicative of returning normality of condition in the inflamed part. If this is true, the professor is either not fortunate in his powers of discrimination, or has permitted himself to misconstrue the fact, for the purpose of sustaining an hypothetical explanation, for reason of its apparent originality—knowing himself that it was wholly gratuitous; and the possession of the one, and perfect freedom from the habit of the other, it is believed will be conceded by all, are essentials in the character of teachers, to enable them to exercise a happy influence with those who may come under their tutelage. Again, in commenting upon the opinions of Cheyne and Armstrong, of the propriety of blistering in acute laryngitis, Dr. Annan says, "I confess I cannot understand how that counter-irritation, which is said to be serviceable in chronic laryngitis, should not prove beneficial in the acute form of the disease." It is not within the limits of the intention of the present paper to canvass the opinions of Cheyne, Armstrong and Annan, as relates to the point in practice upon which they differ; but to call attention to the hasty manner in which the latter gentleman adopts his

conclusions. Let us use similar language upon some point of obstetrical surgery. "I confess I cannot understand how that ergot, which is said to be serviceable in tedious labors, should not prove beneficial in the earlier stage of the parturient efforts." Such teachings may answer the purpose of those whose sentiments are in accordance with the principles of the ancient school of empirics, but cannot satisfy those who make "reason by means of the senses the judge of truth." On the one hand, the beneficial effects following the application of the blister and the administration of the drug, during particular conditions of the system, are assigned, indirectly it is true, as reason why the same means would be serviceable in other conditions, however modified; on the other hand, reason based on observation, and sustained by experience, requires that modifiable conditions shall be combated with modifiable measures. For illustration, Dr. Annan would apply blisters in acute laryngitis, for no other reason than that they are serviceable in the chronic form of that disease: whilst another physician would apply blisters over the throat in chronic laryngitis, "hoping to irritate the vessels of the organ, by implicating branches of the same vessels and nerves, as proceed to the affected part;" and does not use them in the acute form of the disease—fearing that will be induced which, in the chronic stage, he is desirous of bringing about.

But lest this paper should grow to too great a length, the further examination of Dr. Annan's Hospital Reports will be dispensed with. There can be no doubt of the fact, that Dr. Annan is acquainted with the results of the observations, which different distinguished philosophers of the profession have published for the benefit of their brethren. Yet this fact—even in connection with the information that he is a *graduate of Edinburgh*, and served his time as an apprentice in Guy's Hospital, *London*—is not sufficient to render him superior as a teacher to forty-eight medical gentlemen and professors, representing so many States; and it is presumed that but few, if any, of the rejected applicants for the vacant chair, would be willing to have their capacity and ability reckoned, from an appreciation of the capacity and ability of Dr. Annan, drawn from the fact that *he* was chosen before *them*, by an umpire that considered "the interests of Transylvania in particular."

It cannot be said that these remarks are prematurely made, from an unjust construction of Prof. A.'s papers—for every medical man is aware that reports of cases are considered as the most important professional papers which are presented for publication, and should therefore be couched in language bearing none but an unequivocal construction. Nor can it be said that Dr. A.'s remarks were penned without due consideration—for he does not in detail, give symptoms or treatment, and it is therefore presumed that he wrote for the purpose of expressing his views, and exercising his reasoning powers in sustaining the opinions of some previous writers—or to destroy the effects of their authority when it was in conflict with his own views. Hence they are judged to be a correct index, by which the character of the mind from which they emanated may be examined, and opinions passed upon the correctness of its inves-

tigating and analytical qualities. In conclusion, the writer of this communication is sorry in expressing the opinion, that the future influence of Transylvania—when compared with that which she exercised for the seven years preceding the winter of 1844–5—promises to be of but little benefit, either in advancing the standard of professional attainments, or in furnishing to communities, physicians possessing such habits of discrimination, reflection, and of logically deducing from correct facts—as will be an earnest of their ability to discharge the duties of their vocation.

East Tennessee, March 6, 1846.

THE FILLET IN BREECH PRESENTATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In cases of breech presentation, requiring aid, and in which the labor is so far advanced that it would be improper to attempt to bring down the feet, we are directed by Dewees to assist the passage of the breech by acting, "first, with the fingers; second, by the fillet; third, by the blunt hook or hooks." Now my fingers are short, and I have never been able to hook one or more of them into the groin of the child, so as to exert any efficient extracting force, until the labor was so far advanced that the breech was just ready to be delivered without this aid. As to blunt hook or hooks, I haven't got any, and I dislike the idea of *iron* in such cases. I never applied the forceps to the head but once during over twenty-two years of moderate practice, and then I did not succeed in delivering the woman with them. I sent off for the greatest forceps accoucheur in any of the adjoining towns; but he could do no better, and we had to resort to cephalotomy at last. And as to the fillet, Baude locque, as quoted by Dewees, says—"Its application is so difficult, that it is with a sort of repugnance that he reckons it among the resources of art." Dr. Dewees recommends it, but admits that, "it can only be used when the point of the finger can command the groin." What he means by this "command" of the groin I know not, but I am quite sure that he has given no directions by which the fillet can be applied as soon as the accoucheur shall be able to pass his finger *almost* to the groin, and yet it is at this stage of the labor, generally, that we should be glad to render assistance. I doubt whether any man can apply the fillet, in the manner directed by Dewees, until the labor is so far advanced that the breech will probably soon be delivered without assistance. In my first effort to apply the fillet I followed Dewees's directions, but I could not "*begin*" to succeed.

Two or three years after this I was attending on a feeble lady in labor with her first child. The breech presented. I could at length just pass the end of my finger between the superior spinous process of the ilium and the thigh of the child. Of course I knew where the groin was, but could not exactly reach it. In this state the labor remained without decided advancement for some hours. The pains, never strong, now evidently abated much, both in force and frequency, and I began to contrive

some new method of applying the fillet. I presently thought of one which I was very confident would succeed, and it did succeed, easily and readily, and in all respects just as I expected. This was some three or four years ago, and I have not had occasion to use the fillet since, nor have I ever made any notes of the operation, but I believe I can describe it correctly and so as to be understood.

I took a gum-elastic catheter, with a wire in it, and gave it such a crook as I thought would enable me to push the end of it between the ilium and the thigh of the child fully into its groin. I separated the wax from around the open end of the catheter, and with a sewing needle I passed a thread right across, and nearly to, this end of the catheter, and then tied the ends of the thread together. I now had, as it were, a ring of thread attached to the open end of the catheter. Into this ring I drew a ribbon, ever so long, until the thread ring was at the middle of the ribbon. Thus armed, I passed the crooked, closed end of the catheter fairly to the groin of the child, and holding it steadily there, I withdrew from it the wire, and then pushed it along until its end came out back and between the child's thighs. I then took hold of this end with my fingers, and thus pulled along, catheter, thread ring and ribbon. I now readily, easily and safely rendered the woman the little assistance which she so much needed, and she was soon delivered.

I was much pleased with the success of this simple contrivance, but it was so simple, and so readily occurred to me, that I thought it must have occurred to many others before me, and consequently, by publishing it as something new, I should only discover my imperfect reading. Yet it *may be* "something new," and if so, I think it worthy of publication in your Journal.

C. KNOWLTON.

Ashfield, March, 1846.

ONANISM OR SELF-POLLUTION A GREAT CAUSE OF MADNESS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It was the practice of the Athenians to cause the sick to be brought forth to a public square, so that those who had been afflicted by the same disease might see them and inform them by what means they effected their cure. With the same spirit, and a strong desire to warn my fellow mortals of one of the most destructive vices that ever afflicted man, I write you a brief account of my own case.

About six or eight years since, I commenced the practice of onanism or masturbation, although at first to no great extent. The idea that it was necessary for my health (could any one have imbibed a more dangerous error?) had taken fast hold of me. Although I was not guilty of the practice to much excess for the first year or two, it gradually grew upon me like all evil habits, until the desire to indulge in it became almost insupportable, connected as it was with less ability to resist it, owing to the gradual and sure prostration of mind and body which it induced. Dyspepsia, with all its horrors, set in; the stomach for a time absolutely re-

fused to digest food, and I was starving in a land of plenty. I became irritable in the extreme, restless, wretched and miserable, with a strong desire to go I knew not where, any where if I could but get rid of myself. I suffered constantly from restless and disturbed sleep. The effect upon the action of the heart was most direful, causing a convulsed and irregular action. At times, worn out with its labored action, it would scarcely beat at all, thereby causing great depression of spirits. Nocturnal emissions of semen were induced, and I found my faculties fast deserting me. I gave up all business, as the least care and responsibility excited and maddened me, until at last, in the providence of God, my eyes were opened, and I began to see the great cause of my torments. I immediately commenced a reform, but the habit had become so hard to break that I at times, although but seldom, indulged in it, but always with a wretched effect upon the general health—a single trespass putting me back for a long time in my enfeebled state.

I will in a future No. state by what means I conquered the habit, hoping that it may be the means of reclaiming some one from its horrid folds.

Portland, Me., March, 1846. PHILIP.

MEDICAL REFORM.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS very much pleased, in reading the article by Dr. North published in the 7th No. of your Journal, with the earnestness which he exhibited concerning reform in the present system of medical government. There are several things, however, which have been upon my mind a long time, and which he has not touched; and others which I wish to support as far as the influence of a single individual can go. Permit me, then, in furtherance of his views, to make a few remarks.

In the first place, Dr. N. has laid considerable stress upon the preparatory studies, or those to be pursued previous to the commencement of the medical course. I am surprised that this subject should have been so long neglected by the faculty. The preparatory training of mind seems to be appreciated by none of our Eastern schools, excepting that at New Haven. There persons who have taken the degree of A.B. are allowed that of M.D., after two years additional study. Now it will be generally allowed that students who have entered upon professional studies after the discipline and thorough training of College, advance with far greater rapidity than those who have not had such advantage. Three years is not, however, a period at all too long, for any one to master the abstruse subjects of medical science, even though well prepared, and the years of a medical student ought not to be spent in getting ready to study, since every moment is necessary to master the multitude of subjects brought before him. So strong is my conviction of the importance and value of a thorough foundation on which to build, that I believe one who with honor had completed a four years' course of academical studies would be more safely trusted with the treatment of patients after twenty

month's study, than the generality of others, who, without this, have been engaged three years in professional pursuits. My reason is, that the former, with a properly trained mind, is prepared to reap advantage from reading and experience; and the other, unless having received a good common education and is of a naturally acute mind, is not, and cannot be until the lapse of considerable time. The vulgar speak of experience as the touchstone of a physician's character. No mistake is more gross, none more injurious. A person with a poor elementary education may observe to all eternity, and at the end be just where he started, but little wiser himself and unable to transmit that little to others. He looks with stupid wonder at phenomena he cannot comprehend, knowing neither their cause or what they portend; and, ignorant of the proper methods whereby their mystery may be unravelled, he as often comes to an erroneous conclusion as a correct one, an opinion which an ignorant obstinacy soon fixes as firm as the rocks against the whole battery of truth. But he who is trained to observe, to weigh facts and decide with accuracy respecting symptoms—in other words, who has a good and enlightened judgment, will learn more by a single case than the other by a thousand. It may be said, judgment is not always the offspring of education. This is, perhaps, true to some extent, since there is great difference in the minds of individuals as respects the power of acquiring knowledge, and there have been brilliant ornaments of the profession, who had in early life but few advantages except what nature gave; but these all owe much to themselves and their own application for their elevation. With rare exceptions, the mind must be long educated, that it may reason accurately and judge correctly. Knowledge is one thing, wisdom is another; and though depending upon the former, does not necessarily follow. The proper use of knowledge is as important as knowledge itself. He who to good abilities superadds the knowledge of facts, and allows each one to have just its proper weight and no more, who sees the bearing of each and their relations one with another, is the man of sound judgment; and he is the greatest, who being possessed of the greatest number, can combine them with the most powerful effect. We not only want men in the profession who are able to unravel the mysteries of nature, but, what is no less difficult, make a good use of what is already known. A man may have great learning, but without the balance wheel of judgment may be launched off after any absurdity. Liebig, speaking of homœopathy, truly says, "reason alone cannot keep whole nations from embracing the most abject superstitions." It is perhaps impossible to insist that every applicant for the degree of M.D. should first obtain that of A.B., nor is it altogether necessary, though a law of similar import is in operation in Great Britain, which accounts for the thorough education and great eminence of her medical men. It would not, however, be improper to demand a good classical education, tested by a thorough examination, of those about entering upon the study of medicine; an examination to be conducted by a board in each county chosen for that purpose. When the celebrated Prof. Nathan Smith, though somewhat advanced for a student, applied to a physician that he might study in his

office, permission was not granted until he could pass a satisfactory examination, and this not improbably was the crisis of his life, and resulted in the development of a mind which in London or Paris would have made a Cooper or Dupuytren. Let it not be said that the most difficult of all studies requires the least application or the most superficial attainments. I hope no one will understand me as casting any reproach upon a profession, numbering, as it does, so few persons of collegiate education, when compared with that of law or theology. The want of such an education has often been surmounted, and in no part of the world is there more strong common sense enlisted in the cause of medicine than in New England; nor is there any portion of the Union where there is pursued a more correct and successful practice than in Connecticut, which is due in no small degree to the enlarged views and sound judgment of a generation now almost departed, but whose works will long remain, living, as it were, a new life in the memories of their successors.

Another topic is the examination for degrees. I see that some effort has been made in New York to remove this power from the faculty of colleges, and place it in the hands of disinterested persons. This is as it should be. To whom are these professors responsible if they bestow honors unworthily? In Connecticut a portion of the examining committee are chosen from practising physicians, who are to assist the professors, and nothing further could be desired, except that they might always be able thoroughly to perform their duty. Medical colleges are springing up like mushrooms, and throngs of students are pressing forward for degrees, and many without any qualifications really demanded for high attainment. It would certainly be but a human frailty if the officers of these schools should desire that their own should appear both numerously attended and able to show a large graduating class, and thus permit those to pass who should not. This, I fear, is too often the case, and the public hold us as a body answerable, and retaliate upon our heads. The world is not discriminating in its judgment, but apt to consider all educated pretty much alike, that all know pretty much the same, and the blunders of one of the profession are to be atoned for by the whole. Often it has fallen to the experience of the practitioner to be told by some person, that having tried such and such a Regular, he had then resorted to Thomsonians, homœopathists, water or root doctors, as though in having tried one he had tried all. The overlooking of a fracture or a dislocated bone is visited upon the whole profession, and is laid hold of by empirics utterly ignorant of the first principles of medicine or surgery, and turned to their own advantage with an easily deluded public, or may serve to point an arrow launched at all science, as was witnessed last week in a New York paper by a man who ought to employ his pen in the cause of honest truth, and not for the support of the most arrant quackery; to assist and not impede the march of mind against popular errors and superstitions. Respecting the conferring of degrees, I can recall to mind one case within my own observation. A man who had been two years in the practice of medicine, under a license, wished to complete his career with glory, and of course wanted his degree. He passed

his medical examination, yet a few days previous he was completely lost in the mazes of the blood's circulation, and could not tell whether the blood flowing through the aorta was venous or arterial. No man graduated in that class without feeling himself disgraced, and a portion was reflected upon the institution. Will the profession submit to this? Are they to be thus belittled in the eyes of the public, who watch with Argus eyes every failing? The world will not allow it, even if the profession do. Something must be done to regulate this matter, and that all may see that there is "fair play and no favor." No way seems better adapted to accomplish this, than through censors or examiners, chosen either by the legislature or the profession. The people have a right to know whether those who practise are really what they profess to be, or not, and it is but right that every well qualified practitioner should be recognized as such. If the profession would thus uphold its own dignity, we should see the public less ready to forsake it for every brazen-faced pretender. Not only would such measures elevate the practice of medicine, but would thin the ranks of empirics, who, under the garb of superior learning, now ride high in popular favor. The medical profession is full to overflowing. Persons who are desirous of a short road to fortune must step aside and adopt some new whim of the day. If they can attach M.D. to their names, so much the better. It is thus far easier temporarily to succeed, than by the honest but hard road of truth. A thorough sifting, both before commencing the study of medicine and on graduation, would, I verily believe, greatly diminish their number.

Respecting the present system of teaching at schools of medicine, might there not be some improvement? What advantage is it to a good student that he should pass two courses, spending days and weeks, listening to the names of bones with which he is, or should be, well acquainted, hearing winter after winter lectures on practice, stereotyped perhaps twenty years, and which he could read equally well at his own room, wasting thus time and money which might be expended to greater effect? Practical anatomy lies at the foundation of medicine and surgery. Let this be studied at the dissecting room, or let lectures be superadded if you please; but the course at present pursued of dosing down six lectures a day for months, to be repeated, verbatim, next year, is both tiresome and unprofitable. Some branches are better taught or illustrated in the lecture room, as surgery, chemistry, and perhaps obstetrics. Let the time spent on the others be devoted to clinical observation; the hospital is the true and only true medical school. This is properly appreciated in Europe, where a protracted course of clinical instruction is looked upon as all-important, and finishes, so far as schools can do it, a medical education. Let a fair but strict examination be the test of a man's abilities, and not the time he may have lounged about an office.

My views may not be right; and whether they are or not, no effect may be produced. They are, however, elicited by a desire both for the increased standing of the profession, and that the time and money of the student may be expended in the most judicious manner.

I should like to inquire what course ought to be pursued with young

men who have studied portions of time under persons who, though practising with the title and diploma of M.D., yet have forsaken the ranks in which they enrolled, and practise on the hydropathic, Thomsonian or homœopathic plans. Are such students to be considered as having pursued a full course of medical study? Should the degree of M.D. be conferred upon any who wish to pursue these systems, or any other which is looked upon as a departure from truth and honesty, and upheld by dishonorable and false attacks upon the medical profession?

Permit me also to inquire whether, as a profession, we ought not to discourage, as far as in our power, the sale of nostrums. Apothecaries consider this a legitimate branch of their trade, and prescribe freely this trash to whoever asks advice. Ought not our support to be withdrawn from such, and would it not be appreciated by the public? The union of the preparations of the pharmacopœia and nostrums on the same shelf is calculated to injure the profession; it is a crying evil, which demands reform. In our own city, containing about 10,000 inhabitants, we have fourteen or fifteen extensive establishments, obtaining no small portion of their support from the sale of these things. If professional patronage is withheld from those who thus mingle medicine with empiricism, there would be a division, some preferring to adhere to the profession and others not; we should at least clear our skirts of all iniquity. Let us not, then, as a body, assist in the perpetuity of so monstrous an evil.

Hartford, April 1st, 1846. P. W. Ellsworth, M.D.

NATURAL SOMNAMBULISM.

[The trial of Albert J. Tirrell for the murder of Maria Bickford, which has recently terminated in Boston, is one of extraordinary interest, and, on account of the medical opinions introduced, should not pass unnoticed by those who study the important, but too much-overlooked, department of Medical Jurisprudence. From the Daily Advertiser, the following narrative of events connected with the murder, is taken, as stated by S. D. Parker, Esq., County Attorney.]

On the 15th of October, the deceased went to the house of Joel Lawrence, in Cedar street, to live. On the 22d of October she went out, and the prisoner came home with her and passed the night with her. He passed every succeeding night with her until her death. On Sunday, the 26th of October, he came to Lawrence's house in the afternoon. Loud and angry words were heard coming from her chamber; afterwards he went away, and came back about 8 o'clock in the evening. At 9 she came out, as she said, to get some water for Albert. About the same time the house was shut up for the night. The Lawrence family occupied the lower floor of the house. Above, were three chambers: the back one occupied by the prisoner and the deceased; the middle one vacant; the front one by Priscella Blood and W. J. Patterson. About daylight a faint shriek was heard, and then a heavy fall on the floor; and then a person was heard to go down stairs, falling or stumbling as he went; and

then a groan or cry of fire. Presently, Patterson and Miss Blood saw a blaze, and their room full of smoke. Patterson opened the window and cried fire.

Mrs. Lawrence found a pile of bed-clothes on fire, against Miss Blood's door; the wood work was also on fire. The door of Mrs. Bickford's room was opened, the room found full of smoke, and her body was found lying near the fire place, her throat cut from ear to ear, and no apparel on but her night clothes. Near her was a razor, and on the other side of the room was a razor case; a puddle of blood near the pillow, and also one some way from it in the bed. The wash bowl was full of blood and water. There was no blood under her. In the room were found a vest, socks and cane, belonging to the prisoner, and in the pocket of the vest was found a key which opened his trunk. A part of the bed-clothes, and those of the bed of the middle room, were found in the entry, in flames.

On the same morning, the prisoner applied at Mr. Fullam's stable, for a horse and waggon and a man to drive him. Mr. Fullam ordered one harnessed. The prisoner, who was known to Fullam, said he had got into a scrape about a girl, and must go off. He was taken to a house of a relative in Weymouth, and nothing more was seen of him until his arrest at New Orleans.

[The counsel for the prisoner took the novel ground that Tirrell was a somnambulist, and therefore unconscious of any crime. Evidence was adduced to prove that from early life he had been known, occasionally, to rise in his sleep, &c. The medical gentlemen whose names follow, were introduced to explain the character of somnambulism.]

Dr. Forsyth. I am physician for the Chelsea Agency of the Mutual Benefit Life Assurance Company of New York. A subject, who came under my care, could perform almost any acts in the somnambulic state, which she could in a waking state, and some which she could not when awake. Her feelings were somewhat changed in that state. I treated the case medically. I regard it as a disease, resulting from a disordered state of the brain. Her faculties were more active in that state. Her eyes were perfectly closed, but she could see, and read perfectly, even with a folded handkerchief over her eyes. There was an increase of nervous activity, but not of physical strength. There was much debility after one of these spells. These paroxysms were brought on sometimes by anxiety of mind. They varied in duration from one hour, to one instance of seventy-two hours. She came out of them with a start, as if electrified. She was a sleep walker in her earlier days. All cases of somnambulism in this high degree, were cases of common sleep walking in their younger days. This subject would do a great part of her family work in the somnambulic state. I should think it perfectly practicable for a person in this state, to rise, dress, commit murder, and run out of the house. I should think from the evidence, if it be true, that the prisoner's case is undoubtedly one of somnambulism. My patient frequently exclaimed, on coming out of the state, "How came so many people here?" and appeared alarmed. I never knew her to come out of a paroxysm by

any means which were used to bring her out, except once. She always came out spontaneously.

Dr. Walter Channing, sworn. A person might inflict such a wound upon herself as described. My observation and reading has, I think, been extensive, so that I can speak confidently. She might move, after having inflicted it. The act of dying is frequently accompanied by extraordinary muscular strength, especially in cases of death by violence. Extraordinary convulsive movements can be made, even after loss of blood. The latest acts of life are convulsive acts of great violence. In warm-blooded animals these movements frequently take place after the head is severed from the body. In one case where a woman cut her throat, she resisted the efforts of her husband to take the razor from her, and cut him severely. There is a prodigious power displayed sometimes in the act of dying. The blood does not leave the brain so soon as is commonly supposed. I do not know how far a person might move in the act of dying. I should think there would be no difficulty in a person throwing herself from the bed in the act of dying. People are often much deceived with regard to the quantity of blood lost. Some people, in some cases, might die from the loss of a pint of blood, while others lose a gallon and survive. I have attended somewhat to the subject of somnambulism. I have studied the subject in Good's Study of Medicine, Dunglison's Physiology, and other works of authority. Sleep, when perfect, is a suspension of the intellectual powers, and external senses. The will, however, is never entirely asleep, for the process of breathing is a voluntary act. In dreaming, a portion of the brain is active. Sometimes only one faculty is active, sometimes more. When this activity extends to the muscles of motion, it leads to sleep walking. (The witness stated a great many interesting cases illustrating the state of somnambulism.) Sleep walkers sometimes can see, and sometimes hear, and sometimes not. A sense may be perfect with regard to some objects, and not with regard to others. A person may hear some kinds of sounds, and not others. Somnambulism differs from common dreaming, in being accompanied by motion. The individual may do acts, from which, in a waking state, he would shrink with horror. The will sometimes can control the train of thought, and sometimes not. I have no doubt, that a somnambulist might do acts in sleep, strike a blow, &c., while the moral sense remained asleep. That state might last for some time, and a great variety of acts be done, requiring minute eyesight. A person might dress himself in that state. The trains of shought, producing the acts, may have been in the mind in the waking state, or they may be originated in the sleep-walking state. He may, in the waking state, be unconscious of having had those thoughts; and they may be recollected again in another state of somnambulism. The acts committed in the sleep-walking state are generally imperfectly recollected when awake, if at all. I should think the case of the prisoner is one of those who sleep very soundly, and breathe slowly, so that the brain is imperfectly supplied with blood, until a demand is made for more blood, and a convulsive effort is made by the lungs. I should think the

noise described would be made when the state is the deepest. The noise resembles very much the noise made in a state of strangulation. I should think the sound described in Lawrence's yard, corresponds with that made by the sleep walker, and does not resemble the sound produced by having been in smoke. Smoke would produce something more like sneezing, or coughing. From the evidence in this case, I should say that the prisoner is a sleep walker. The acts of rising, dressing, and killing another, are perfectly consistent with the somnambulic state. The fact of a person's seeing is also perfectly consistent with that state. The will, in that state, is not the governing power, but is governed by the dream. I should think, in a case where the fits increase as the person grows older, they would be aggravated, and there would be less and less power in the mind to control their effect. The same causes would produce them, which would produce physical debility. Whether a high state of excitement would produce them, would depend upon a variety of circumstances, such as the person's constitution, his susceptibility to impressions, &c.

Cross Examined. I cannot tell exactly how long the muscular effort could continue after loss of blood. I was consulted before the trial commenced. The facts with regard to the body were not stated very fully, but the facts with regard to somnambulism were stated more fully. The consultation was very short, however. I looked over the authorities, to prepare myself. I considered the testimony of Eben Tirrell as very important in the case. There is some resemblance between somnambulism and mesmerism in their phenomena. I do not think my testimony at all biassed by my opinions on the subject of capital punishment. My opinion of the prisoner's state is founded on the whole testimony.

Dr. Woodward. I am superintendent of the State Lunatic Hospital at Worcester. I accord with Dr. Channing in the principles which he has stated. The state of mind in somnambulism is very much, for the time being, like its state in insanity. The balance wheel is lost. The will has some power over the trains of thoughts, as it has in insanity; but the reasoning power is lost. In the case of Jane Rider, under my care, the power of vision was great. Her character and disposition in this state were very different from what they were in the waking state. Her will was capable of directing her motions, to some extent, but was itself under the control of her imagination. She could read from a book with her eyes bandaged. The common sleep walker generally says nothing, and frequently sees nothing. In this case of which I speak, a larger portion of the mind was awake than is usual. After applying two blisters to the two most sensitive parts of the head, the morbid vision was removed, although the paroxysms of sleep walking continued. The states differ in degree; but no more in kind, than one mind differs from another. In another case, the patient would attempt suicide, whenever she was in the somnambulic state. She was, in that state, uniformly gloomy. When awake, she was cheerful, and able to work. Medical treatment was used in both cases, to remove the complaint. In the cases which I have seen of somnambulism, I have not heard the noise describ-

ed as having been made by the prisoner. It is generally made in epilepsy. It probably arises from deranged respiration. My patients have usually appeared exhausted after a fit of somnambulism. I should think, from the evidence, that the prisoner's case was one of sleep walking. The prisoner's state, as described by Mr. Head, resembled very much the other paroxysms of sleep walking, which were testified to. My conclusion from Mr. Head's evidence was, that he was at that time in the same state. The case of Jane Rider was common sleep walking, from her childhood, and at seventeen it assumed its extraordinary form. She could not then be wakened by any means, not even by cold water. She always awoke spontaneously; and was never conscious, when waking, of her somnambulic state. I never knew a case where the patient was conscious of what had passed. I should think an excited day would be more likely to be followed by a paroxysm, than a quiet day. A person in a state of somnambulism might rise, dress himself, commit a homicide, run out of a house, and set it on fire. I should think the prisoner's case unquestionably one of somnambulism, differing in degree only from common sleep walking.

[A verdict of *not guilty* was brought in, but it is declared that the question of somnambulism had no weight with the jury. Tirrell was acquitted because the proof was not positive as to the fact that he actually cut the throat of the deceased. He was remanded to prison on an indictment for arson—which will be tried in May.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1846.

Quarantine Laws of New York.—A copy of the Report of a Special Committee of the House of Assembly of the State of New York, on the present quarantine laws, constituting a volume of 317 octavo pages, was received through the politeness of Dr. Vaché, of New York, last week. We are now examining the contributions of the medical gentlemen who have materially added to the bulk of the volume, and the more we read the greater is our astonishment that men of common sense could voluntarily take such pains, as some of them have, to make themselves permanently ridiculous. The act proposed by Messrs. Wheeler, Comstock and Hine, for the regulations of quarantine, in the port of New York, both on account of its useless details, prolixity and vexatious embarrassments to commerce, is in good keeping with some of the medical opinions upon which a modified, and, as perhaps the committee consider, an ameliorated system of sanitary laws is based. If the liberal, enterprising and intelligent merchants of the commercial emporium of America suffer themselves to be hand-cuffed and fettered in this manner, they had better sell their ships at once, or transfer their business to the port of Boston, in which the health laws are efficient, unoppressive, vigilant in every

respect, yet so quietly and economically administered, that even their existence is hardly known to the inhabitants of the city, and never felt to be either a hindrance or unnecessary burden upon the merchant.

Thompson's Improved Tooth Extractor.—When a description was given, a few weeks ago, of Dr. Smiley's newly-devised tooth extractor, it was thought to be so far superior to all previous inventions that no further room was left for improvement. However, another very ingeniously-contrived instrument has been manufactured, through the mechanical skill of Mr. Thompson, an artisan employed in Mr. Hunt's surgical cutlery establishment, which Dr. Smiley thinks is, in some respects, superior to his own. The old hawk's-bill forceps are so altered, that while the upper mandible lies quietly by the side of the organ to be drawn, the under jaw of the forceps, by bearing upon the handle, forces the tooth out of the socket—sliding it up perpendicularly against the beak of the forceps. Now this description may not be very clear, yet we are unable to better it. Mr. Hunt is manufacturing this improved forceps, which will undoubtedly be liked by many, although it does not strike us as being fully equal to the expectations of those most interested in its success.

Memphis Medical College.—Tennessee has never had a medical school in successful operation, although one has existed in an elementary condition, we believe, at Nashville, as a department of the University. From some cause, not understood by us, no system of regular medical instruction has been given there. At Memphis, on the 16th of March, the trustees of a newly-organized Medical College proceeded to the election of a board of faculty, as follows, viz.:—1st, Anatomy, J. M. Bybee, M.D.; 2d, Surgery, D. J. M. Doyle, M.D.; 3d, Chemistry and Pharmacy, A. Hopton, M.D.; 4th, Theory and Practice, G. R. Grant, M.D. The board resolved to postpone filling the other chairs at present, to wit, 5th, Institutes and Medical Jurisprudence; 6th, Materia Medica; 7th, Obstetrics, &c., and invite applications from competent sources to fill these professorships. All communications must be post paid, and addressed to R. H. Patillo, the Secretary, before the 3d of July, when appointments are to be made. The names of the successful candidates, only, will ever be published. Here, therefore, is an open field for those conscious of possessing the proper qualifications, and who are also ambitious of distinction. This method of finding medical instructers is entirely American, and originated in Kentucky. It is worthy of remark, that thus far the very best order of talents, capacity and fitness for the place, have been secured by this novel process.

Medical College of Ohio.—One hundred and ninety-five students were in attendance on the lectures of this institution, at Cincinnati, the late term. On the 3d of March, forty-six of the class graduated with the honors of the College. A great variety of operations were performed at the hospital during the course, by the professor of surgery, Dr. Mussey.

Sickness-makers in Western Africa.—A missionary writes home, that when one is sick or dying, every one asks who is the witch that made

him sick? To ascertain, a conjuror is called, who points out the individual guilty of the high crime of causing the malady, through witchcraft. He is either compelled to confess himself guilty, or stand the test of the law for determining his criminality. A solemn assembly of old people convene on an appointed day of trial, when the prisoner is forced to drink what is called *sancy water*, a decoction of a vegetable poison. He is obliged to take it on nearly an empty stomach, by fasting the previous day—a little half-boiled rice and one kolah nut only having been given him. On the momentous morning, at cock crowing, the prisoner is forced to drink nearly three gallons of the decoction of the *makoun poison* shrub; next, he sits in a chair, purposely constructed, where he remains a large part of the day, a spectacle for the multitude, who pronounce sentence according to the termination of the operation. If the stomach rejects the whole of its contents, so that the rice and nut meat are discoverable, he is declared innocent. On the contrary, if no rice or nut are found, then he is guilty, and must suffer the fate of a sickness maker, by becoming a slave to the sick person or his relatives, in case of death. Those who escape with life, in passing through the terrible ordeal of the poisoned water, sometimes swell enormously, and sometimes actually burst open. Under the most favorable circumstances of recovery from such a horrible potation, the constitution is broken and ruined—and a protracted death usually follows.

Spino-Abdominal Supporter.—The instrument spoken of in the following note to the editor from Dr. Hall, is a beautiful specimen of workmanship—a drawing of which is in preparation. When completed, we shall again advert to the subject.

Dear Sir,—With this note I send you one of Crain's spino-abdominal supporters, which I would like to have you examine and show to your friends, or give it such other notice as you may think it deserves. Its greatest recommendations are its lightness, strength, and the ease with which it is adapted to the form. Each part acting as a base to the other, gives double advantage to both. For instance, in using it as an abdominal support, the double spine firmly attached to the shoulders, and the ribs exactly fitted to the crest of the ilium, hold the thin pad in its place with perfect ease to the patient, the amount of pressure being under their control. As a spinal support, the abdominal pad and ribs sustain and keep in place the upright part. It has been much used elsewhere and with great success, and I think it worth the attention of the profession here. Next week I will send you a cut of the instrument, with a more definite description of its use, and also where it may be obtained. E. Hall.

Diseases of the Samoan Islands.—Although individuals in these islands frequently reach 70 and 80 years, death sweeps away a prodigious number of young children. Adults are afflicted with spinal affections, terminating, in some instances, in hump-back, brought about in the females, it would seem, if Capt. Wilkes's theory is correct, by the peculiar manner of carrying children. Catarrh, bronchial irritations, and occasionally sporadic cases of dysentery, are known. A singular eruption, called *ilamea*, attacks children under 10. Elephantiasis, too, says Capt.

Wilkes, prevails extensively among the men past middle life. Its development is imputed to a want of salt in their food, and the use of cocoanut water. Ophthalmin, too, is prevalent, so much so, that not less than one fifth part of the population suffer from it. The venereal does not exist at Tatuilla, and, in fact, is hardly known in the Samoan group—which shows the superiority, in morals, of the females over those of Tahiti. Fevers are rare, and intermittents and remittents are wholly unknown. Shampooing is one of the remedies of the natives—and about all they attempt to do for the alleviation of pain. Capt. Wilkes has noted down all that a medical inquirer would most like to know in regard to the maladies which are *native* in all the regions visited by the Exploring Expedition.

Medical Convention at the West.—A meeting of the physicians of Rock River Valley was held, in pursuance of a call signed by sundry physicians of Rockford and vicinity, at the Court house in Rockford, Illinois, on Tuesday, the 17th of February; whereupon, on motion, Dr. G. Haskell was called to the chair, and Dr. S. G. Armor appointed Secretary.

By request of the Chair, Dr. J. C. Goodhue stated the object of the meeting, which was the formation of an Association of the Physicians of Northern Illinois and Southern Wisconsin for mutual protection and improvement in the various branches of medical, surgical and pharmaceutical knowledge—and presented, for the consideration of the Convention, a constitution for the government of the Association, which was unanimously adopted.

The question, touching the *qualification* of members, and other matters of interest to the Society, then came up, and was discussed at considerable length, by Drs. Hulett, Haskell, Armor, Goodhue, Clark, and others.

On motion, a committee, consisting of Drs. Hulett, Thomas, Clark, Catlin, and Manderville, were appointed by the chair to present to the Convention the names of officers for the Society for the ensuing year. The names of the following gentlemen were presented by the committee, and unanimously confirmed by the Convention:

J. C. Goodhue, M.D., *President;* J. Hulett, M.D., G. Haskell, M.D., *Vice Presidents;* S. G. Armor, M.D., *Secretary and Treasurer; Censors*—Lucius Clark, M.D.; A. M. Catlin; M.D.; Dr. A. Thomas.

On motion, the meeting adjourned to meet in Rockford, Illinois, on the third Tuesday in May.—*Illinois Medical Journal.*

To Correspondents.—The papers of Dr. Swift, of Philadelphia, and one by Dr. Powell, of Missouri, are received.

Married,—Henry W. Boardman, M.D., of Philadelphia, to Miss M. G. Noyes, of New London.

Died,—In Bloomington, Iowa, Dr. Benjamin Weed, 57, formerly of Canton, Conn.

Report of Deaths in Boston—for the week ending April 6th, 59.—Males, 23, females, 26. Stillborn, 7. Of consumption, 13—lung fever, 6—sudden, 1—scarlet fever, 5—hooping cough, 1—paralysis, 1—burns, 1—inflammation of the lungs, 5—dropsy of the brain, 3—canker, 2—smallpox, 2—infantile, 4—inflammation of the bowels, 2—old age, 1—disease of the heart, 1—croup, 1—dropsy, 2—child bed, 1—disease of the liver, 1—apoplexy, 1—measles, 2—mortification, 1—teething, 1—drowned, 1.

Under 5 years, 31—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 4—over 60 years, 6.

On the Relapse Periods of Ague, and the Indications of Treatment.—Dr. Graves observes, in the Dublin Quarterly Journal—

"Having noted with much anxiety and accuracy the course of a quartan ague for twenty-seven months, I constructed a table for the purpose of obtaining a connected view of the number and dates of the fits. This table had been made for some time before I discovered that it contained *data*, which authorize us in concluding that the law regulating the periodicity of agues applies, not only to the succession of paroxysms, but is extended to the free intervals between them—in other words, that the same law of periodicity which governs the disease, while it occasions fits, continues likewise to preside over its latent movements during the interval when no fit occurs, and thus the true periodic rate is carried on, though, as in a clock from which the striking-weight has been removed, the usual signal does not mark the termination of each certain definite portion of time.

"This law, now for the first time brought to light, exhibits a new example of the tenacity with which periodicity clings to a disease, when once firmly impressed on it, and recalls a very similar phenomenon observed with respect to the catamenia, which, having been suppressed for many months, not unfrequently re-appear on the very day on which the monthly period should have occurred, had no such suppression taken place.

"A knowledge of this law will, therefore, prove of the greatest importance, in enabling us to guard against the return of the disease; for, for several weeks after the series of fits has ceased, we can point out to the patient on what days they are liable to re-appear; and, consequently, he can upon those days more effectually guard against the occasionally exciting causes of the disease, such as cold, fatigue, &c."

In reference to the treatment by quinine, the writer believes the practice generally followed to be wrong. He objects to the continued use of the remedy, as thus the constitution becomes accustomed to its influence when the ague-fit is absent, and then that influence is weakened.

"The mode of treatment which I adopted was calculated to avoid this inconvenience. It consisted of giving the quinine for four successive days, and intermitting it for the six following days, thus embracing the interval comprehended in three fits. By these means it was hoped to keep the system sufficiently under the curative influence of quinine, while we avoided rendering the constitution too familiar with the medicine, the six-day interval preventing it from becoming saturated by the quinine."

Tables illustrative of the author's observations are appended.

Death from Discreet Variola.—A child has just died in one of our wards of discreet variola. He had recently been attacked and treated in the same ward for choleriform diarrhœa. He was convalescent, but caught variola from another patient. The pustules of the face and hands contained serosity, which neither became opaque nor dried. Stimulants and cordials, opium more especially, in small doses, were given in vain, and the patient sunk gradually. Sydenham has said, and after him Van Swieten and Stoll have repeated, that when there is no tumefaction of the face and eyelids in variola, death takes place on the ninth or tenth day, if the disease is discreet, and on the thirteenth or fourteenth if it is confluent. The exactness of this rule was exemplified in the instance I have mentioned.—M. Trousseau, in *Clinique des Hopitaux des Enfans.*